

4100 Lakeview Avenue North
 Robbinsdale, MN 55422
 (763) 531-1255 Phone
 (763) 537-7344 Fax

OFF-SALE 3.2% MALT BEVERAGE LICENSE APPLICATION

License Fee(s):

___ \$100 Beer/Wine (containing not less than one-half of one percent alcohol by volume and not more than 3.2 percent alcohol by weight)

Investigation fee:

___ \$100

The City Liquor Ordinance requires that the data requested in this application must be submitted in order the City to determine your eligibility for this license. Refusal to provide the data shall result in an automatic denial of the requested license. The data provided shall be classified in accordance with the Minnesota Government Data Practices Act. The data provided shall be investigated by the Chief of Police who shall then submit a recommendation for approval or denial based upon the applicant's eligibility as determined by provision of the licensing ordinance. Access to the data provided shall be by officials and employees of the City engaged in administering or monitoring the provisions of the licensing ordinance; and also as allowed for by the Minnesota Government Data Practices Act.

PLEASE PRINT OR TYPE YOUR RESPONSES TO THE FOLLOWING:

Applicant Full Name (No initials or nicknames)		Title (Individual/Owner/Operator/Partner/Officer)	
Business Name (Trade name or d/b/a)		Business Address to be licensed	
Business Address - Corporate Office (if applicable)		City, State, Zip	
Business Phone		Residence Phone	
Applicant Date of Birth	Are you a US Citizen ___yes ___no	Length of time in location request for licensing: ___ years ___ months	
Applicant's Name of Spouse:		Spouse's Date of Birth	Is spouse a U.S. Citizen ___yes ___no
Applicant's residence address for Past 5 years (Address/City State Zip)			
Does applicant manage or have interest in any retail liquor establishment within the city? ___yes ___no		If yes, name and address of business:	
Does applicant and/or spouse now hold a federal retail liquor dealer's special tax for the establishment for which licensing is being requested? ___yes ___no		Will applicant have one in the future? ___yes ___no If yes, when? _____	
Please provide names, address and phone numbers of three Minneapolis/St. Paul area business persons for business references:			
_____	_____	_____	_____
_____	_____	_____	_____
Phone _____	Phone _____	Phone _____	_____

Please provide names, addresses and phone numbers of three Minneapolis/St. Paul residents (other than relatives or those referenced above) for personal references

_____	_____	_____
_____	_____	_____
Phone _____	Phone _____	Phone _____

Please list the distance, in feet, from the following, if near the premises:
_____ Places of Worship (measured in straight line from main entrance to entrance of central place of worship)
_____ School Buildings _____ School Grounds _____ School Athletic Fields
_____ Public Parks Boundaries (measured from main entrance to any point of said boundary line)

Legal Description of real property and specific description of gross square feet to be occupied (please attach legal description and floor plan)

Specific description of any planned building improvements, if any (please attached description of planned improvements)

Has the applicant have, within the last five years, any convictions for willful alcohol related violations of Federal, State or Local laws, or revocation of intoxicating or 3.2% malt liquor licenses? yes no (If yes, please attach summons/revocation)

Partners or officers of the corporation: Please list names, current addresses for the past five years, citizenship status, dates of birth and any convictions for willful alcohol related violations of federal, state or local laws, revocation of alcoholic beverage license within the last five years:

(1)
Name: _____
Current Address: _____
Residence Addresses, if less than five years at current address: _____
Date of Birth _____ U.S. Citizen yes no Convictions yes no Revocation yes no
Drivers License # _____ State Issued _____

(2)
Name: _____
Current Address: _____
Residence Addresses, if less than five years at current address: _____
Date of Birth _____ U.S. Citizen yes no Convictions yes no Revocation yes no
Drivers License # _____ State Issued _____

(3)
Name: _____
Current Address: _____
Residence Addresses, if less than five years at current address: _____
Date of Birth _____ U.S. Citizen yes no Convictions yes no Revocation yes no
Drivers License # _____ State Issued _____

(4)
Name: _____
Current Address: _____
Residence Addresses, if less than five years at current address: _____
Date of Birth _____ U.S. Citizen yes no Convictions yes no Revocation yes no
Drivers License # _____ State Issued _____

(5)
Name: _____
Current Address: _____
Residence Addresses, if less than five years at current address: _____
Date of Birth _____ U.S. Citizen yes no Convictions yes no Revocation yes no
Drivers License # _____ State Issued _____

Do you possess, or have you ever possessed, a liquor license in another city? _____

If yes, provide details: _____

I, _____, do hereby swear that the several answers and statements and the attached information set forth by me in this application as required by City Ordinance and State Law are true.

Applicant Signature

Date

This license expires on December 31st of each year. Renewal application must be made at least 60 days prior to the date of the expiration of the license.

Return completed application and information to the Office of the City Clerk, 4100 Lakeview Avenue North, Robbinsdale, Minnesota 55422. For any further questions, please call 763-531-1255.

Must Submit with Application:

- ___ 1. Certificate of insurance for \$1,000,000 liquor liability insurance (must run concurrent with license year) as required by City Liquor Ordinance (Section 1200)
 - ___ 1a. Liquor liability insurance not required to licensees who by affidavit (CPA not required) establish that:
 - a) off-sale 3.2% malt liquor licensees with sales of less than \$50,000 of 3.2 % for the preceding year
 - b) on-sale wine licenses with sales of less than \$25,000 for the preceding year; or
 - c) holders of temporary wine licenses issued under law
- ___ 2. Proof of General Liability insurance (for new license year) as required by Minnesota State Statutes
- ___ 3. Minnesota Tax/Workers Compensation Form
- ___ 4. State Application Form (Liquor)
- ___ 5. Applicable Fees
- ___ 6. Current Hennepin County Food License

Chief of Police Report/Recommendation

By: _____ Date: _____

Fee and application submitted to City Clerk: _____
Date forwarded to Police Department: _____
Investigation completed and returned to City Clerk: _____
Public Hearing Notice published: _____
Public Hearing held: _____
Date Council approved/ denied license: _____

MINNESOTA TAX CLEARANCE AND WORKERS COMPENSATION LAW

- The licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number of each license applicant.
- Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding use of this information: (1) This information may be used to deny insurance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest; (2) Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal exchange of information agreement, the Department of Revenue may supply this information to the Internal Revenue Service; (3) Failure to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.
- Minnesota Statute, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirements of MSS Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure.

This information will be collected by the licensing agency and retained in their files.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

TYPE OF LICENSE BEING APPLIED FOR OR RENEWED:

PERSONAL INFORMATION

APPLICANT'S NAME (LAST, FIRST, MI):		SOCIAL SECURITY NUMBER	
HOME ADDRESS:	CITY	ZIP CODE	PHONE NUMBER

BUSINESS INFORMATION

BUSINESS NAME:			
BUSINESS ADDRESS:	CITY	ZIP CODE	PHONE NUMBER
MINNESOTA TAX IDENTIFICATION NUMBER:		FEDERAL TAX IDENTIFICATION NUMBER:	

IF A MINNESOTA TAX IDENTIFICATION NUMBER IS NOT REQUIRED PLEASE EXPLAIN:

WORKERS COMPENSATION INSURANCE:

Provide certificate of insurance with the City of Robbinsdale listed as a certificate holder, unless below applies:

I certify that I am not required to carry worker's compensation insurance because (check one):

- I am the sole proprietor and I have no employees **OR** I am self insured (include permit to self-insure)

I have no employees who are covered by workers compensation law. (Only employees who are specifically exempted by statute are not covered by the workers compensation law. These include: Spouse, Parents, Children (regardless of age), and farm labor employees of a family farm that spent less than \$8,000 for farm labor in the previous calendar year. All other workers whose work is controllable by the employer must be covered.

I understand that the information provided above will be verified by the Minnesota Department of Labor and Industry. I understand that I am subject to a \$2,000 penalty if the information is false. I certify that all information provided above is accurate and complete and that a valid workers compensation policy will be kept in effect at all times as required by law.

SIGNATURE:	POSITION (OFFICER, PARTNER, ETC):	DATE SIGNED:
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No local licensing agency, other person, or organization acting as an intermediary to deliver this to the Department of Labor and Industry shall be responsible for accuracy of the information provided by the person signing this.

**CITY OF ROBBINSDALE
APPLICATION INSTRUCTIONS
OFF-SALE 3.2 MALT BEVERAGE LIQUOR LICENSE**

- I. Anyone that knowingly and willfully falsifies the responses to the attached application shall be deemed guilty of perjury as set forth by Minnesota State Law.
- II. In completing the application, applicants shall be governed as follows: for a corporation, one officer shall execute this application for all officers, directors and stockholders. For a partnership, one of the partners shall execute this application for all members of the partnership. For a sole proprietorship, the owner shall execute this application.
- III. Every question must be answered. The City Liquor Ordinance requires an investigation of the information provided in this application. Information requested that is not applicable to your particular application should be so indicated with the “N/A” notation. Please print or type your responses. Provide in full the first, middle and last names wherever requested (no initials or nicknames may be used).
- IV. The City Liquor Ordinance (Section 1200) is available online at <http://www.robbinsdalemn.com> and the Minnesota Statutes Chapter 340A is available online at <http://www.leg.state.mn.us/leg/statutes.asp>.
- V. In addition to the information requested in the application and applicable fees, the following must also be submitted with the completed application:
 - Proof of \$1,000,000 liquor liability insurance (must run concurrent with license year) as required by City Liquor Ordinance
 - According to MN State Statute, insurance is not to licensees who by affidavit establish that:
 - 1) on-sale 3.2% malt liquor licensees with sales of less than \$25,000 of 3.2% malt liquor for the preceding year;
 - 2) off-sale 3.2% malt liquor licensees with sales of less than \$50,000 of 3.2 % malt liquor for the preceding year;
 - 3) on-sale wine licenses with sales of less than \$25,000 for wine for the preceding year; or
 - 4) they are holders of temporary wine licenses issued under law.
 - Proof of General Liability insurance as required by Minnesota State Statutes
 - Minnesota Tax/Workers Compensation Form
 - State Liquor Application Form
 - All Applicable Fees
 - Current Hennepin County Food License
- VI. Payment of applicable fees is required when submitting the application. Payment options include: check, cashier’s check, money order, credit card or cash.
- VII. Investigation of your application by the Robbinsdale Police Department may take from two to six weeks, possibly longer if out-state investigation is required. The length of time for processing of the application also depends on the thoroughness in providing the information requested.
- VIII. Once staff has processed the application, required public hearings will be scheduled per City Ordinance for new licenses. Applicant will be notified of the date, time and place of the hearing and should attend the meeting in the event the Council may ask questions. (For renewal applications, the Council may dispense with notice and hearing.)
- IX. If the Council approves the license, an application is then made to the State Liquor Control Division. Once approval has been granted by the state, and the applicant has met all conditions of approval, the intoxicating liquor license shall be issued by the City Clerk’s office.

If you have any questions regarding your application or the provisions of Robbinsdale Liquor Ordinance, Section 1200, please contact the City Clerk’s Office at 763-531-1255.